U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E (NG222005)	
QLMS OF	
1. File Number U 12706	2. Fiscal Year Covered From:
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KEVIN HICKS	Name EMPIRE STATE REGIONAL COUNCIL CARPENTERS
	Labor Organization File Number 038392
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street DIWAREHOUSE ROW	Street 27 WAZEHOUS ROW
City ALBANY	City ALBANY
State State ZIP Code + 4 2205	State ZIP Code + 4 12705
5. Position in labor organization.	NT CONTROL OF THE CON
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion)	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name CAPPENTERS	The state of the s
Trade Name, if any:	NYSTEE STIPENDAS
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 270 MOTOR PARKWAY	7.b. Afficance
City HAUPPAUCE	1500
State N.V. 2IP Code + 4 1788 5150	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
1 . D N -	
Signed Dru. R. Pur	On 8-15-05 518-459-7183- Date Telephone Number

Name of Person Filing Kevin Hicks	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the property of th	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with;
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	a. Labor Organization b. Trust c. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	
	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name EMPIRE STATE CAPPATERS Trade Name, if any: P.O. Box, Bldg., Room No., if any	or other thing of value. 14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 270 Motor Parkway	or other thing of value. 14.a. Nature of payment.
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13.b. Is the Business an Employer

or Consultant

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or Consultant

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P.O. Box, Bldg., Room No., if any	c. Employer		
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City New York	7/19/04 DINNER	さっこ へんさい こうがい ニー	- 1.
State N.Y. ZIP Code + 4 10/05 - 4800	7 57 5, 59, 59 7, 1		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	590	

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8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name M.A.V.I. A.W.d. Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street D. B. Albertican B.V.C. City LATHAM State N.Y. ZIP Code +4 12(10)	14.a. Nature of payment. LLANCheon Meeting 12/17/04 27/3	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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P.O. Box, Bldg., Room No., if any Street 27 WAREhous E Row City ALBANY State N.Y. ZIP Code +4 12205 13.b. Is the Business an Employer X or Consultant ?	8/4/04 LIUTERINATIONIAL FOUNDATION ANTARIE 242 10/8/02 10/8/02 10/30-10/6/04 Educational Seminar Aur Hotel 2426 Eyrenson	

14.b. Amount of payment.

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Trade Name, if any:	113/04 Dinner (Z) 185	
P.O. Box, Bldg., Room No., if any	12/104 GOLF 210	
Street THOWNEELERS FARM Rd		
City Milford State CT ZIP Code + 4 (X6460-1847)		
13.b. Is the Business an Employer or Consultant 🕺 ?	14.b. Amount of payment.	